STATE OF HAWAII

DEPARTMENT MUST FILL IN APPLICABLE BOX

VENDOR TABLE MAINTENANCE						
TVE CONSTANT DATA AND TABLE TYPE				INDIVIDUAL (N	INDIVIDUAL (NON-EMPLOYEE)	
				NAME CHANG	BE .	
FUNCTION (A=ADD, C=CHANGE, D=DELETE)				ADDRESS CH	ANGE	
/ENDOR NO.			SORT SEQ.			
VENDOR TYPE	MINORITY BUS. IND.	SMALL BUS. IND.	PHONE	REA CODE LO	CAL NUMBER	
STATUS	COUNTY	DISTRICT		COUNTRY CODE		
	A B C C		G H I	J K L L V1 W X	M	
DEPARTMENT						
CODE	Y2 Y3 Y4 Y	5 Y6 Y7	$\begin{array}{c c} Z1 & ZZ \\ \hline \end{array}$			
VENDOR NAME	3 4 5 6 7 8 9 10	0 11 12 13 14 15	5 16 17 18 19 20 2	1 22 23 24 25 26 2	7 28 29 30	
VENDOR ADD. 1						
VENDOR ADD. 2						
VENDOR ADD. 3						
VENDOR CITY						
VENDOR STATE VENDOR ZIP CODE						
CONTACT NAME						
VENDOR CONVERSION		s.s.	-E.I.N. NO.			
PREPARED BY	DATE PH	HONE NO.	ENTERED BY		DATE	